

**FEB 14 2006**Patent Application No. 09/719,410  
Atty. Docket No. 0206-UTL-9**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Appl. Serial No.:** 09/719,410**Inventors:** Goke, et al**Filed:** December 12, 2000**Title:** GLUCAGON-LIKE PEPTIDE-1 IMPROVES BETA-CELL RESPONSE TO GLUCOSE IN SUBJECTS WITH IMPAIRED GLUCOSE TOLERANCE (AMENDED)**TC/A.U.:** 1654**Examiner:** Mohamed, A.**TRANSMITTAL LETTER**Attention: Office of Petitions  
Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following documents are enclosed herewith for your review and consideration:

- Transmittal Letter 2 pages
- Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (Form PTO-SB64) 2 pages
- Petition for Extension of Time Under 37 CFR 1.136(a) (Form PTO-SB22) 1 page
- Statement that Delay in Filing Response to Office Action was Unintentional 2 pages

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**CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. 1.10 OR  
FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being facsimile transmitted to the USPTO at facsimile number (571) 273-8300, or deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service, Express Mail Label No. \_\_\_\_\_, in an envelope addressed to the Commissioner for Patents, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date of Deposit

2/14/06

Signature of Person Mailing Paper

Deborah Wykes  
Name of Person Mailing Paper

Patent Application No. 09/719,410

Atty. Docket No. 0206-UTL-9

Page 2

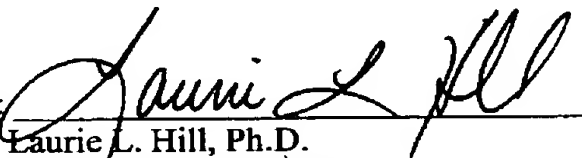
- Copy of Response to Office Action Under 37 CFR 1.111  
as fax filed on September 30, 2005 7 pages
- Fee Transmittal (Form PTO-SB17), in duplicate 2 pages

Total pages submitted -

16 pages

Respectfully submitted,  
AMYLIN PHARMACEUTICALS, INC.

Dated: February 14, 2006

By:   
Laurie L. Hill, Ph.D.  
Registration No. 51,804

AMYLIN PHARMACEUTICALS, INC.  
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San Diego, CA 92121  
Telephone: 858.552.2200  
Facsimile: 858.552.1936

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	09/719,410
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 12, 2000
		First Named Inventor	Goke, et al.
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,260.00		Examiner Name	MOHAMED, Abdel A.
		Art Unit	1654
		Attorney Docket No.	0206-UTL-9

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FEB 14 2006

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 010535 Deposit Account Name: Amylin Pharmaceuticals, I

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition to Revoke; and Petition for 3 month Extension of Time

1,260.00

<b>SUBMITTED BY</b>		
Signature	Registration No. (Attorney/Agent) 51,804	Telephone 858-552-2200
Name (Print/Type) Laurie L. Hill, Ph.D.		Date February 14, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,260.00

**Complete If Known**

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<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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1,260.00

**SUBMITTED BY**

Signature 	Registration No. (Attorney/Agent) 51,804	Telephone 858-552-2200
Name (Print/Type) Laurie L. Hill, Ph.D.		Date February 14, 2006

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